

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re:

Vieira, Pedro Queiroz

Patent No.

6,563,091 B2

Issued:

May 13, 2003

Examiner: Paik, Sang Yeop

For: EVAPORATION DEVICE FOR MULTIPLE VOLATILE SUBSTANCES

Docket No. NEU24

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmittal Letter

Please find the following correspondence items enclosed for filing in the United

States Patent and Trademark Office:

- Reissue Patent Application Transmittal 1.
- Fee Transmittal Form for deposit account (in duplicate). 2.
- Specification and Claims. 3.
- 5 sheets of drawings.
- Combined Declaration and Power of Attorney For Reissue Application. 5.
- Reissue Application: Consent of Assignee and Statement Under 37 CFR 6. 3.73(b), with copy of original Assignment attached.
- 7. Preliminary Amendment.
- Return receipt postcard. 8.

Cort Flint, Registration 27,260

McNair Law Firm, PA P.O. Box 10827

Greenville, SC 29603-0827 Telephone: (864) 232-4261

Attorney for the Applicant

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Label No. EV 622716831 US with postage affixed thereto, in an envelope addressed to: Mail Stop Reissue, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on May 5, 2005.

PTO/SB/50 (04-05)
Approved for use through 04/30/2007. OMB 0651-0033
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| REISSUE PATENT APPLICATION TRANSMITTAL | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| | Attorney Docket No. | NEU24 | | | | | | | | |
| Address to: | First Named Inventor | Pedro Queiroz Vieira | | | | | | | | |
| Mail Stop Reissue | Original Patent Number | 6,563,091 B2 | | | | | | | | |
| Commissioner for Patents P.O. Box 1450 | Original Patent Issue Date (Month/Day/Year) | May 13, 2003 | | | | | | | | |
| Alexandria, VA 22313-1450 | Express Mail Label No. | EV 622716831US | | | | | | | | |
| APPLICATION FOR REISSUE OF: (Check applicable box) | Design Patent Plant Patent | | | | | | | | | |
| APPLICATION ELEMENTS (37 CFR 1.173 |) | ACCOMPANYING APPLICATION PARTS | | | | | | | | |
| 1. | Statement of status and support for all changes to the claims. See 37 CFR 1.173(c). 11. Foreign Priority Claim (35 U.S.C. 119) (if applicable) 12. Information Disclosure Statement (IDS) PTO/SB/08 or PTO-1449 Copies of citations attached 13. English Translation of Reissue Oath/Declaration (if applicable) 14. Preliminary Amendment 15. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) | | | | | | | | | |
| or large table Landscape Table on CD 9. Nucleotide and/or Amino Acid Sequence Subr (if applicable, items a. – c. are required)) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: | 16. L Other: | | | | | | | | | |
| | 17. CORRESPONDENCE A | DDRESS | | | | | | | | |
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| The address associated with Customer Num Name | ber: 27,863 | OR Correspondence address below | | | | | | | | |
| Address | | | | | | | | | | |
| City | State | Zip Code | | | | | | | | |
| Country | Telephone | Email | | | | | | | | |
| Signature | doi - | Date May 05, 2005 | | | | | | | | |
| Name (Print/Type) Cort Flint | | Registration No. (Attorney/Agent) 27,260 | | | | | | | | |

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| DEIGOUE ADDUIGATION FEE TRANSMITTAL FORM | | | | | | | | | | Docket Number (Optional) | | | | |
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| REISSUE APPLICATION FEE TRANSMITTAL FORM | | | | | | | | | NE | NEU24 | | | | |
| | | | Ap | plication as F | iled - | - Part 1 | | | | | | | | |
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| Independent Claims | | (6) | . | | | - | _ | | | | \vdash | | | |
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| Application Size | | | | | | | 1 | | | | | | | |
| Fee the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. | | | | | | | | | | | | | | |
| (41(a)(1)(G) and 37 CPR 1.10(S). | | | | | | | | | | | | | | |
| | | | | <u> </u> | | CFR 1.16(e)) 450 | | | | | | | | |
| | | | | | (37 CFR 1.16(n)) 250 | | | | | → | | | | |
| | | | | | Examination Fee (37 CFR 1.16(r)) 30 | | | | | | | | | |
| | | | | Total Filing F | ee | | | 1,000 | | | | | | |
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| Ctaims (37 CFR 1.16(h)) | CFR *** MINUS **** | | **** | | = | | x | = | | | or | x | = | |
| Application Size Fee If the specification and drawings exceed 100 sheets of paper, the | | | | | | | | | | | | | | |
| (37 CFR 1.16(s)) application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | | | | |
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| For amendments filed prior to Dec. 8, 2004, enter the higher of the Number Previously Paid or Number of Independent Claims in Patent. | | | | | | | | | | | | | | |
| ✓ Applicant claims small entity status. See 37 CFR 1.27. | | | | | | | | | | | | | | |
| Please charge Deposit Account No. 502079 in the amount of \$1,000.00 A duplicate copy of this sheet is enclosed. | | | | | | | | | | | | | | |
| The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or | | | | | | | | | | | | | | |
| credit any overpayment to Deposit Account No. <u>502079</u> . A duplicate copy of this sheet is enclosed. A check in the amount of \$ | | | | | | | | | | | | | | |
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| Payment by credit card. Form PTO 2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. If rovide card information and authorization on PTO-2038. | | | | | | | | | | | | | | |
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| | | Signature | | | | | | | | M | ay D | 2, 2005 ate | | |
| Signature | | | | | | | | | | | | | | |
| Cort Flint Typed or printed name | | | | | | | | | Regi | stratio | | 7,260 mber, if app | olicable | |
| 864-232- 4 261 | | | | | | | | | | | | | | |
| | | | | | | | | | Telephone Number | | | | | |

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